SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 OF 41 (check only one) X 17
Any information copied from such Reports and Statemer or for commercial purposes, other than using the name		any person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Jim Costa for Congress		
Full Name (Last, First, Middle Initial) A. Steven D. Diebert		Date of Disbursement
Mailing Address 2037 W Bullard Avenue, #355		03 01 2015
City Stat Fresno CA Purpose of Disbursement Accounting & Reporting Candidate Name	e Zip Code 93711-1200	Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.9640
Senate President Ott State: CA District: 16	t For: 2016 mary General ner (specify)	De
Full Name (Last, First, Middle Initial) Eaton & Eaton Mailing Address PO Box 12906		Date of Disbursement M M / D D / Y Y Y Y 01 16 2015
City Stat	'	Amount of Each Disbursement this Period
Purpose of Disbursement Liability Insurance Candidate Name Category/ Type		gory/ Transaction ID : SB17.9606
Senate Pri	ner (specify)	
Full Name (Last, First, Middle Initial) • Fraioli & Associates		Date of Disbursement
Mailing Address 423 New Jersey Avenue SE, #B		01 05 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Senate Pri	Zip Code 20003-4034 O0 Category Typ at For: 2016 mary General ner (specify)	Transaction ID : SB17.9553
SUBTOTAL of Disbursements This Page (optional)		6424.00

TOTAL This Period (last page this line number only).....